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Credit Card Payment Form

Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type:	Visa	MasterCard	American Express	Discover
Credit Card Account #:	5120 6403 5000 4625			
Credit Card Expiration Date:	05/04			
Name as it Appears on Credit Card:	CRAIG A. FIESCHKO			
Payment Amount: (\$US Dollars):	-343.00 -			
Signature:	<i>Craig Fieschko</i>		Date: 3 SEPT 2003	
<small>Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle the party to a refund of such fee. The Office will not refund fees if funds of money-for-draws or letters-patent is issued in specially requested. Refund of a fee paid by credit card will be via credit to the credit card account.</small>				
<small>Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).</small>				
Credit Card Billing Address				
Street Address 1: 2906 FOREST DOWN				
Street Address 2:				
City:	FITCHBURG			
State:	WI	Zip/Postal Code :	53711	
Country:	USA			
Daytime Phone #:	608-828-0722		Fax #: 608-831-2106	
Request and Payment Information				
<small>Description of Request and Payment Information:</small>				
Z-MO. EXTENSION (\$205) ; EXTRA CLAIMS (\$138)				
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee	
Application No. <i>09/1755,747</i>	Application No.	Serial No.	IDON Customer No.	
Patent No.	Patent No.	Registration No.		
Attorney Docket No. <i>40225000</i>		Identify or Describe Mark		

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